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ORS

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REQUEST FOR SUSPENSION FORM

286099

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: 7/15/2019Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number _____
☐ Class C Charter Certificate Number _____
☐ Class C Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____
☒ Class E Household Goods Certificate Number 9855
☐ Class E Hazardous Wastes Certificate Number _____

I request that my certificate be suspended until 7/15/2019 2020

Date: (mm/dd/yyyy)

ACCEL MOVING & STORAGE LLC

D/B/A

(Name of Company)

mailing : P.O. Box 608 (if applicable)
CONWAY, SC, 29528
310 WATSON Dr.
CONWAY, SC, 29527
 (Street and or Mailing Address) (City, State, Zip Code)
843-267-2944

(Telephone Number)

JAN OWNER
 (Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

OUT OF FINANCES TO PROPERLY
OPERATE THE BUSINESS.

